

CLAIMS ONLY							Application Number <i>10/606 825</i>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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49			/					/	
50			/					/	
Total Indep			3						
Total Depend			35						
Total Claims			58						